Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9975	A. BUILDING _____ B. WING _____	09/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH MEADOWS RESIDENTIAL CARE HOME	**13495 STONEY BROOK DR, RENO, NEVADA ,89511**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as the result of a follow-up State Licensure COVID-19 Infection Control and Prevention Plan Survey conducted in your facility on 09/16/20. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly or disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was nine. There were no positive or presumptive COVID-19 residents or staff that the time of the survey. The facility utilized the front entrance as the main access point and only allowed essential health care providers and staff entry. All staff members and essential visitors were required to complete a written questionnaire for COVID-19 signs and symptoms, have their temperature taken, were instructed to wear a surgical mask and to use an alcohol based hand sanitizer. Observed staff to wear masks and gloves with all resident care. All residents were observed to be socially distanced in the common area. Interviews conducted with the Caregivers revealed the facility maintained an adequate supply of the following personal protective equipment: disposable gowns, gloves, shoe coverings, face shields, surgical masks, and N95 masks. One facility staff member had completed N95 Fit testing and a document copy was available for review. Cleaning and disinfecting with bleach disinfectant products occurred daily with hi-touch areas cleaned throughout the day. The facility's quarantine plan was to isolate in a reserved private room, deliver meals and snacks to the room, and have a dedicated caregiver to the resident. The facility provided continuing education on Infection Prevention and Control Training to staff members through weekly meetings, Personal Protective Equipment (PPE) review, and weekly review of Centers for Disease Control and Prevention guidelines.	0000		

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	A review of the facility's Infection Control and Prevention Plan revealed the facility had the following components documented and ready for implementation: - A verbal interview with Administrator describing implementation of the plan. - Visitor entry and facility screening practices - An Emergency Staffing Plan if a staff member tested positive - A plan if a resident tested positive - Access to or inventory of PPE - Staff training on the proper use of PPE to include donning and doffing - Staff Fit Tests for N-95 masks - Respirator Program - Identification and response to residents with suspected or confirmed COVID-19 - New Admissions or Readmissions with an unknown COVID-19 status - Required notifications The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. No regulatory deficiencies were identified.			